

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 129  
Registered No. 107

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1017 Alderman St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dionecia Gomez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Mar. 10-1928  
Month Day Year

8. FATHER  
Full name Pedro Gomez  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
10. Color or race Mex.  
11. Age at last birthday 37 (Years)  
12. Birthplace (city or place) Jalisco  
(State or country) Mex.  
13. Occupation  
Nature of industry Miner  
20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER  
Full maiden name Pabla Gomez  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona  
16. Color or race Mex.  
17. Age at last birthday 37 (Years)  
18. Birthplace (city or place) Jalisco  
(State or country) Mex.  
19. Occupation  
Nature of industry Housewife  
21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 4 A. m. on the date above stated  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.  
Physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year

Filed Mar 15 1928 D. E. Jones  
Registrar

479-310-779